

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)**

SERIAL NO.	791675509	FILING DATE
APPLICANT(S)		

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10			1		
11			1		
12					
13					
14					
15					
16			1		
17					1
18			1		
19					1
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49					
50					
<b>TOTAL IND.</b>			<b>5</b>		
<b>TOTAL DEP.</b>			<b>10</b>		
<b>TOTAL</b>			<b>5</b>		

S	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						